

**STATE FARM INSURANCE
SUBPOENA RESPONSE**

EXHIBIT K



State Farm Mutual Automobile Insurance Company

44305-5-J

MUTL VOL

2702 Ireland Grove Rd
Bloomington IL 61709

NAMED INSURED

AT2

13-1940-55JJ A

013559
TEZAK, ROBERT J
2340 S STANDAGE
MESA AZ 85202-6615

DECLARATIONS PAGE

POLICY NUMBER 619 9856-A31-13A

POLICY PERIOD JUL 31 2010 to JAN 31 2011
12:01 A.M. Standard Time

AGENT

JIM LACEY
1300 W JEFFERSON
JOLIET, IL 60435-6818

PHONE: (815)725-4711 or (815)725-4719

DO NOT PAY PREMIUMS SHOWN ON THIS PAGE.
IF AN AMOUNT IS DUE, THEN A SEPARATE STATEMENT IS ENCLOSED.

YOUR CAR

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID. NUMBER	CLASS
2001	OLDSMOBILE	AURORA	4DR	1G3GS64C814128321	6A30601000

SYMBOLS	COVERAGE & LIMITS	PREMIUMS
D	Comprehensive Coverage - \$250 Deductible	\$26.56
Total premium for JUL 31 2010 to JAN 31 2011.		\$26.56 This is not a bill.

IMPORTANT MESSAGES

For information or assistance with any insurance problem, be sure to contact your STATE FARM AGENT first. Your good neighbor agent will be happy to help you. Section 143c of the Illinois Insurance Code requires notification of the following addresses: State Farm Insurance Companies, Illinois Operations Center, 2702 Ireland Grove Road, Bloomington, Illinois 61709-00 Phone 1-800-424-1162 (within Illinois). Office Hours 8 A.M. to 4:30 P.M., Monday through Friday. Or Illinois Department of Insurance Consumer Services Section, Springfield, Illinois 62767. This message is provided by State Farm in compliance with Illinois law.

Replaced policy number 6199856-13.

New Policy Form

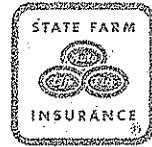
The following coverages are currently suspended: A-Liability Coverage, C-Medical Payments Coverage, G-Collision Coverage - \$500 Deductible, H-Emergency Road Service Coverage, R1-Car Rental and Travel Expenses Coverage, U-Uninsured Motor Vehicle Coverage, W-Underinsured Motor Vehicle Coverage.

Location used to determine rate charged-1211 PLAINFIELD RD, JOLIET IL 60435.

EXCEPTIONS, POLICY BOOKLET & ENDORSEMENTS (See policy booklet & individual endorsements for coverage details.)

YOUR POLICY CONSISTS OF THIS DECLARATIONS PAGE, THE POLICY BOOKLET - FORM 9813B, AND ANY ENDORSEMENTS THAT APPLY, INCLUDING THOSE ISSUED TO YOU WITH ANY SUBSEQUENT RENEWAL NOTICE.

State Farm Insurance Companies®



Illinois Operations Center
2702 Ireland Grove Road
Bloomington, Illinois 61709-0001

September 2, 2010

MEMO TO: Patrick J. Fitzgerald
United States Attorney

FROM: Christina Hubbard, Underwriting Team Manager
Calumet Auto Division

POLICY 581 5941-E26-13B
BETTY TEZAK
2005 Mercedes

Attached is the certified policy you requested.

State Farm Insurance Companies®



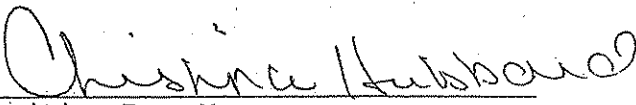
Illinois Operations Center
2702 Ireland Grove Road
Bloomington, Illinois 61709-0001

CERTIFICATE

I, the undersigned, do hereby certify that I am custodian of the records pertaining to the issuance of policies by the Calumet Division of State Farm Fire and Casualty Company of Bloomington, Illinois.

I further certify that the attached policy, number 581 5941-E26-13B, is a copy of the policy issued to BETTY TEZAK of 2340 S STANDAGE MESA AZ 85202-6615 based on our available records.

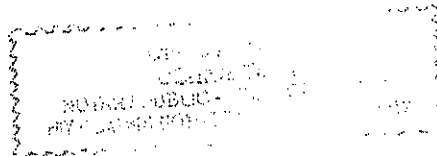
The policy has been in effect since the origination date of November 26, 2008.


Underwriting Team Manager

State of Illinois

Subscribed and sworn to before me this 8th day of September 2010


Notary Public





2702 Ireland Grove Rd
Bloomington IL 61709

DECLARATIONS PAGE

NAMED INSURED

AT2

13-1940-55JJ A

001625

TEZAK, BETTY
2340 S STANDAGE
MESA AZ 85202-6615

POLICY NUMBER 581 5941-E26-13B

POLICY PERIOD MAY 26 2010 to NOV 26 2010
12:01 A.M. Standard Time

AGENT

JIM LACEY
1300 W JEFFERSON
JOLIET, IL 60435-6818

PHONE: (815)725-4711 or (815)725-4719

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YOUR CAR

YEAR	MAKE	MODEL	BODY STYLE	VEHICLE ID. NUMBER	CLASS
2005	MERCEDES	SL55 AMG	2DR	WDBSK74F45F091495	6A30111300

SYMBOLS	COVERAGE & LIMITS	PREMIUMS
A	Liability Coverage	\$142.95
	Bodily Injury Limits	
	Each Person, Each Accident	
	\$100,000 \$300,000	
	Property Damage Limit	
	Each Accident	
	\$100,000	
C	Medical Payments Coverage	\$9.84
	Limit - Each Person	
	\$5,000	
D	Comprehensive Coverage - \$250 Deductible	\$68.52
G	Collision Coverage - \$500 Deductible	\$339.87
H	Emergency Road Service Coverage	\$3.94
R1	Car Rental and Travel Expenses Coverage	\$12.06
	Limit - Car Rental Expense	
	Each Day, Each Loss	
	\$25 \$600	
U	Uninsured Motor Vehicle Coverage	\$10.57
	Bodily Injury Limits	
	Each Person, Each Accident	
	\$100,000 \$300,000	
W	Underinsured Motor Vehicle Coverage	\$9.94
	Bodily Injury Limits	
	Each Person, Each Accident	
	\$100,000 \$300,000	
Total premium for MAY 26 2010 to NOV 26 2010		\$597.69 This is not a bill

IMPORTANT MESSAGES

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09/01/10
08:03:19

PEND CODES - 78-STAR

** POLICY MASTER RECORD **

AM0419D4

581 5941 B 001 X-DATE E26 EFF 05-26-10 TO 11-26-10 OXD 11-26-2008
 CO FIRE RISK OVL FLT NONFLT STATUS 01-PAID TO 11-26-10 DATE TERM
 TEZAK, BETTY PREM CANC DT
 2340 S STANDAGE AMT DUE ELIG 50/50
 MESA AZ 85202-6615 DUE DATE REIN APP DT
 EXT DUE DT ON TIME DT
 SFPP NO AUTO REIN

TERR 019 CLASS 6A30111300 MULTIYOUTH NO A 100/300/100
 CNTY 099 BIRTH 02-17-48 C 5000
 CITY 000 YOUTH AGENT LACEY, JAMES R D250
 RMC DDN TYPE 0 CODE 1940 PHONE 815-725-4711 G500
 KIND 2 FORM 9813B AFO AFO JOLIET H
 BASIC 0 EFF DT 05-26-10 CODE 014 TEAM J PH REQ NO R1 25/600
 AGE 62 CRI 1633 U 100/300
 YR 2005 MAKE MERCEDES MODEL SL55 AMG W 100/300
 VIN WDBSK74F45F091495 BODY 2DR PRIOR
 MFR M GRG-AGE 040-6 DRG 040 LRG 03
 NEXT: BYPASS
 ENDORSEMENTS-

** ASSIGNED CLIENTS **

CLIENT	BIRTH	DRVR REC LEVEL
TEZAK, ROBERT J	02-17-48	1

** CLIENT ACCIDENT AND VIOLATION SURCHARGES **

NAME	SURCHARGE CODE	TYPE	ACC-VIOL DATE	CHARGE PAY DATE	SURCHARGE DATES START STOP	VALUE CUR NXT	CLAIM NUMBER
ROBERT	03	VIOL	11-14-05		01-31-07 11-26-08		
ROBERT		ACCD	07-02-03	07-10-03	01-06-04 07-31-06		138262133

** PAYMENT HISTORY **

AMOUNT	DATE	DEPOSIT	C/E TYPE	ACCTG DEPOSIT	SERVICING OFFICE
298.69	06-28-10	92226	REMITTANCE PROCESSOR 336	52521	74
301.00	05-21-10	61645	REMITTANCE PROCESSOR 336	53478	74

MORE PMR DATA -- PRESS F9:

F043-HOUSEHOLD CONTAINS UNDISPLAYED CLIENTS/LICENSES - M4HHM

09/01/10
08:04:22

**** HOUSEHOLD PROFILE ****

AM0604M3

P1 581 5941B 001 AGT-AFO 1940-014 VEH 05 MERCEDES GRG 040 DRG 040 RMC DDN
 CO FIRE RISK OVL FLT NONFLT ST-DIV 13-CALUMET
 TEZAK, BETTY 2340 S STANDA QUEST R9 09-2009 D MUT OT
 STAT 01 PND CD OXD 11-26-2008 DREXL
 CLASS 6A30111300 PND CL
 A1 02-01-04-D A2 07-02-03-B

** CLIENTS **

PAGE 1/MORE *

	NAME	LICENSE	BIRTH	RATE	IND	SEX	MAR	POL
C1	TEZAK, ROBERT J	T22077048048 *	02-17-1948	E	M	D	P1	
C2	TEZAK, BETTY	B14609821 *	11-09-1922	Z	F	M		

NEXT:

INFO FOR 581 5941B 001 P1

PAGE 1/NO MORE

**** CLAIM ENTRY/REVIEW ****

CLAIM NO: 138528557 LOSS DATE: 020104 LOSS TIME: 1130A M

DELETE:

LOCATION: BETWEEN DESMOINES, IA AND KANSAS CITY, MO

DRIVER: TEZAK, ROBERT J

AGE: CAT LOSS:

POLICE: N

VIOLATION:

STATUS: C

FACTS: INSURED WAS IN PROCESS OF DRIVING TO ARIZONA AND RAN INTO BAD
 WEATHER. TRUCKSWERE SALTING AND PUTTING DOWN A SAND SUBSTANCE.
 THE INSURED HAS FOUND DAMAGE TO WINDSHIELD AND BODY OF VEHICLE *

PAYMENTS: D 6917 R 630

7547

SUB:

NO MORE PAYMENTS

SURCHG UND:

SURCHG CLM:

AT FAULT:

CHRG DATE:

START DATE:

STOP DATE:

FCRA:

SURCHG PCT:

SURCHG PTS:

EFF DATE:

RERATE: Y

NEG UND: N ACTION: FJUN 041304 NA

MATCH TDE: N

MISC:

NEXT:

PG 1 MORE CLAIMS

F043-HOUSEHOLD CONTAINS UNDISPLAYED CLIENTS/LICENSES - M4HHM

09/01/10
08:04:28

**** HOUSEHOLD PROFILE ****

AM0604M3

P1 581 5941B 001 AGT-AFO 1940-014 VEH 05 MERCEDES GRG 040 DRG 040 RMC DDN
 CO FIRE RISK OVL FLT NONFLT ST-DIV 13-CALUMET
 TEZAK, BETTY 2340 S STANDA QUEST R9 09-2009 D MUT OT
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** CLIENTS **

PAGE 1/MORE *

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C1	TEZAK, ROBERT J	T22077048048	02-17-1948	E	M	D	P1	
C2	TEZAK, BETTY	B14609821	11-09-1922	Z	F	M		

NEXT:

INFO FOR 581 5941B 001 P1

PAGE 1/NO MORE

**** CLAIM ENTRY/REVIEW ****

CLAIM NO: 138262133 LOSS DATE: 070203 LOSS TIME: 1030A M DELETE:
 LOCATION: ESSINGTON AT ENTRANCE/EXIT TO TWIN OAKS SHOPPING CNTR JOLIET,
 DRIVER: TEZAK, ROBERT J AGE: CAT LOSS:
 POLICE: Y VIOLATION: INSURED / FAILURE TO YIELD STATUS: C
 FACTS: VEH 1 WAS S/BOUND ON ESSINGTON & GOING TO MAKE LEFT TURN INTO
 SHOPPING CNTR. VEH 2 HAD MADE TURN OFF JEFFERSON ST., ONTO
 ESSINGTON GOING NORTH - A TRUCK HAD PULLED OUT OF SHOPPING CNTR & *

PAYMENTS: B 1505 G 1882

3388

SUB:

NO MORE PAYMENTS

SURCHG UND: SURCHG CLM: Y AT FAULT:
 CHRG DATE: 071003 START DATE: 010604 STOP DATE: 073106 FCRA:
 SURCHG PCT: SURCHG PTS:

EFF DATE:

RERATE: Y
 MATCH TDE: N

NEG UND: Y ACTION: FJUN 071503.NA

MISC:

NEXT:

PG 2 NO MORE CLAIMS

09/01/10
08:04:34

**** HOUSEHOLD AND POLICY NOTES ****

AM2900I3

HH HOUSEHOLD NOTE
 N1 NO PREVIOUS INSURER REPORT AVAILABLE, 01072003
 N2 01-07-2003 CLEAN LHR REPORT

P1 581 5941B 001 ST-DIV 13-CALUMET
 N3 OXD 10162006
 N4 TOOF 041608 TO 112608
 N5 PER APP, ROBERT'S PARENTS CO-OWN THE VEHICLE *** HOWEVER,
 THEY LIVE IN ARIZONA AND HAVE NO EXPOSURE TO THE HOUSEHOLD
 *** I AM ADDING AN AUX 69 TO THE POLICY **** VEHICLE IS
 REGISTERED IN ILLINOIS JF 102706
 N6 A-324 FOR PROOF OF PURCHASE AND EVIDENCE OF INSURANCE JF 102706
 N7 CLASS 6A OKAY *** ROBERT IS RETIRED JF 102706
 N8 REC'D BILL OF SALE ** PER AGENT E-MAIL, DEALER KEPT PLATES
 AND INSURANCE ON IT UNTIL 9-30-06, WHICH IS WHEN THE INSURED
 BECAME RESPONSIBLE FOR IT JF 110806
 N9 RECEI PROOF OF SALE *** CS 110906
 N10 A-296AST SENT BY AST JO 011808
 N11 LTR A-298 SENT 021208 W/O REFUND JK 020708
 N12 PHQ OK JS 092209

NEXT: _____

INFO FOR 581 5941B 001 P1

PAGE 1/MORE *

** ENTRY AREA **

Move notes _____ State _____

Del notes _____

Add note for policy ID: P_____ Add household note:___ (y) Edit note ID: N_____

Delete screen:___ (y)

DOCUMENT 1 OF 1

09/01/10
08:04:59
AUC000A0

Drivers/Violations/Accidents or Losses

Principal Operator

First: ROBERT MI: J Last: TEZAK Suf:
License No: T22077048048 St: IL Marital stat: DIVORCED
Birthdate: 02-17-1948 Sex: M SS #: 325389146
Pct uses veh: 100 Rel to applicant: SELF
Lic 3 yrs: YES If yes, age first Lic: 16 Original lic date: 02-01-64
Employ Stat: RETIRED

At Fault Accidents 0-3 Yrs: Surch Non-surch
Minor violations: 0-3 Yrs: Major violations: 0-3 Yrs 3-5 Yrs DRL: 2

Agent Assigned Driver: Yes

Class

Multicar: YES

Ann mil: 5000 Class: 6A
Odometer: 8500
Vehicle use: Pleasure

Addl HH class chg: NO

Age: 60 CRI: 1633

PAGE 2 OF 4

Next: _____ +

F2=Addl F keys F4=Prompt F7=Bkwd F8=Fwd F18=Next Doc F19=Last doc

DOCUMENT 1 OF 1

09/01/10
08:05:02
AUC000A0

Vehicle

Year: 2005 Vin: WDBSK74F4 5 F091495
 Make: MERCEDES-BENZ PP2 IRG: 040
 Model: SL55 AMG LRG: 03
 Body Style: "K" 2D RDSTR Prior Dam: NO
 Veh safety disc: A - 40% Anti-theft disc: 10%

Date Purchased: 11-26-2008
 Effective Date of Policy: 11-26-2008

Payment

\$360.00 streamed to amount field as a debit

Payment type: CREDIT CARD Ref no: 1126141511HMZ

Coverage Information

Coverages	Limits or Deductible	Premium
BI	100/300	151.65
PD	100	0.00
MED	\$5,000	11.35
COMP	\$250 DED	80.23
COLL	\$500 DED	425.26
ERS		6.00
R1	25/600	18.20
U/W	100/300	26.31

Premium: \$719.00
 Std Rate Lvl: 2-Star Disc
 PRF: 1.00

Quote Eff Date: 11-26-2008

Lienholder Information

Code: 26848

PAGE 3 OF 4

Next: _____ +
 F2=Addl F keys F4=Prompt F7=Bkwd F8=Fwd F18=Next Doc F19=Last doc

DOCUMENT 1 OF 1

09/01/10
08:05:06
AUC000A0

Underwriting Questions

Answer During the last 5 years, have you, the applicant, or any household member, or any regular driver:

NO Violations, accidents, or losses not listed for any driver in the last 5 years?

NO Household members age 16 and over who are not yet licensed?

Registered Owner(s):

First

MI Last

ROBERT

J TEZAK

NECHO System-Determined Information

Class: 6A

Agent Information

Agent's name: LACEY, JAMES R

Phone: 815-725-4711

Initials: ARR

PAGE 4 OF 4

Next: _____ +.

F2=Addl F keys F4=Prompt F7=Bkwd F8=Fwd F18=Next Doc F19=Last doc

F043-HOUSEHOLD CONTAINS UNDISPLAYED CLIENTS/LICENSES - MT687

09/01/10
08:05:45

**** HOUSEHOLD PROFILE ****

AM0616M4

P1 581 5941B 001 AGT-AFO 1940-014 VEH 05 MERCEDES GRG 040 DRG 040 RMC DDN
 CO FIRE RISK OVL FLT NONFLT ST-DIV 13-CALUMET
 TEZAK, BETTY 2340 S STANDA QUEST R9 09-2009 D MUT OT
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C1	TEZAK, ROBERT J	T22077048048	02-17-1948	E	M	D	PI	
C2	TEZAK, BETTY	B14609821	11-09-1922	Z	F	M		

NEXT: INFO FOR 619 9856A P2 PAGE 1/NO MORE
ENTRY AREA

Action codes - A=Add C=Copy D=Delete E=Edit G=Unassign S=Assign

Action:___ Client ID: C___ Order MVR:___ (Y,L,M,N,H) Route to:___
 Eff date:___ Rerate:___ (y,n) Match TDE:___ (y)

Add note for policy ID: P___ Add household note:___ (y) Edit note ID: N___
 Move pol/client/note/acc:___ LOB: A Car:___ ST:___
 Del note:___ HH Reund:___ Class 50: Y (y,n)

** HOUSEHOLD AND POLICY NOTES **

N1 HH NO PREVIOUS INSURER REPORT AVAILABLE,01072003
 N2 HH 01-07-2003 CLEAN LHR REPORT
 N3 P1 OXD 10162006
 N4 P1 TOOF 041608 TO 112608

PAGE 1 / MORE *